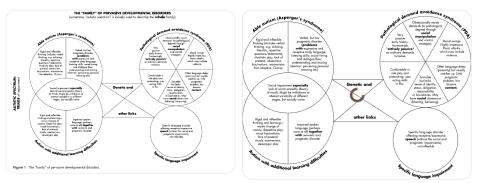
<u>@gdmorewood</u> <u>@JoPavlopoulou</u> I am likely to give them more activities critically engaging with PDA instead of the monotropism section. So stuff like analysing this image. Asking questions like, please draw a circle around where autism spectrum stars/ stops?



<u>@gdmorewood</u> <u>@JoPavlopoulou</u> Attached 2 copies as 1 has better resolution than the other.

Diagram shows how it is viewed PDA relates to autism via Pervasive Developmental Disorders dx grouping. There are some telling things to note about it.

<u>@gdmorewood</u> <u>@JoPavlopoulou</u> - Aspergers & Kanner's autism overlap each other, both based on triad of impairment.

- PDA is separate from autism and Specific Language Impairment. Yet is linked to other syndromes.
- PDA is not based on the triad of impairment.

@gdmorewood @JoPavlopoulou - Aspergers/ autism social impairment due to ToM deficits.

- PDA surface sociability has different cause, deficits in social identity/ pride.
- PDA has manipulative behaviours.
- Specific Language Impairment is accepted to not be an ASD or PDD.

<u>@gdmorewood</u> <u>@JoPavlopoulou</u> - Also while you can autism with LD. Is just odd. LD is a neurodevelopmental comorbid. Classic/ "Kanners" autism can be diagnosed without LD.

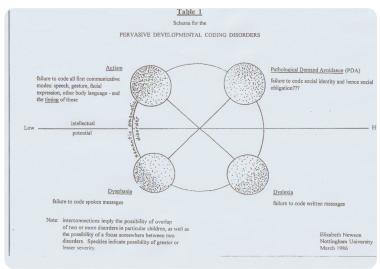
- Aspergers has clumsy. Yet that is also seen in "Neurological Involvement" PDA dx trait.

<u>@gdmorewood</u> <u>@JoPavlopoulou</u> - Autistic persons can transition between subtypes. Which is not necessarily represented in that diagram.

- Overall, one can see there are problems with how PDA is viewed relating to autism.

<u>@gdmorewood</u> <u>@JoPavlopoulou</u> Turns out in 1996 Newson created her own diagnostic grouping called "Pervasive Developmental Coding Disorders". Page 6 from here:

https://www.autismeastmidlands.org.uk/wpcontent/uploads/2016/10/Pathological-Demand-Avoidance-a-statistical-update.pdf



<u>@gdmorewood</u> <u>@JoPavlopoulou</u> She states autism is too narrow and she prefers a larger one that makes sense to lay persons, including caregivers. So added coding descriptor so could include dyslexia.

<u>@gdmorewood</u> <u>@JoPavlopoulou</u> Newson says intelligence is important for how function or symptomatology is expressed. E.g. difference between classic autism/ Aspergers. This divide between autism/ Aspergers is arbitrary as we know subgroups are inconsistently applied.

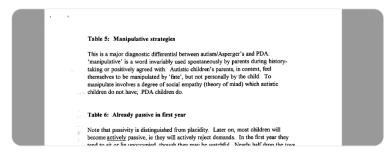
Table 1 illustrates the conceptual model I have described, which also includes the reminder that intellectual level has a crucial significance for function and for how the symptomatology is expressed (for instance, the difference between autism and Asperger's syndrome). Table 2 gives a descriptive summary of PDA and the main ways in which it differs from autism/Asperger's. This table is barely changed from its first edition in 1988, and shows how robust the concept has proved. We are now able to base our information on over 120 typical cases. My first paper on the topic was given to the British Paediatric Association in 1980 and was based on my first twelve cases, later enlarged to 36: this statistical undate is based on my most recent 50 cases

<u>@gdmorewood</u> <u>@JoPavlopoulou</u> The actual differential criteria between classic autism/ Aspergers is that those with Aspergers had normal speech delay.

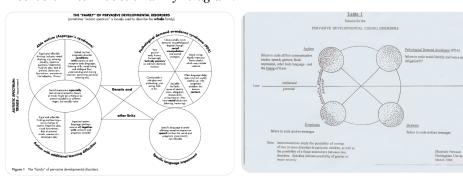
<u>@gdmorewood</u> <u>@JoPavlopoulou</u> Newson also views PDA being separate to autism, which she appears to equate to both classic autism & Aspergers:

	AUTISTIC/ASPERGER'S CHILDREN	
prepared o ordinary child rmal. rmal at be more '. Early age is not	Seems much more abnormal much earlier, lack of social response alerts, if nothing else. Any language is disordered, with significant problems in pragmatics of both verbal and non-verbal communication.	

<u>@gdmorewood</u> <u>@JoPavlopoulou</u> Also Newson is clear Autistic persons have deficits in ToM/ Empathy (in line with literature of the time). PDAers did not have these problems, but deficits in social identity/ pride:



<u>@gdmorewood</u> <u>@JoPavlopoulou</u> So what appears to have happened is that somehow, some-where, some-why, Newson evolved her "Pervasive Developmental Coding Disorders" into "Autistic Family" diagram.



<u>@gdmorewood</u> <u>@JoPavlopoulou</u> In the process Newson conflated her broader diagram into ASD. Even using Newson's original work, PDA is not an ASD. Raises the question, why are <u>@PDASociety</u> <u>@Autism</u> allowing Phil Christie to stand up at their conferences and say PDA is an ASD, when it is not?

<u>@gdmorewood</u> <u>@JoPavlopoulou</u> <u>@PDASociety</u> <u>@Autism</u> Sorry \*those with Aspergers had normal speech development. Those with Classic autism had speech delay.\*

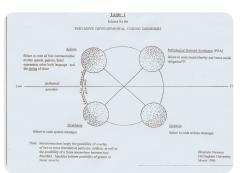
<u>@gdmorewood</u> <u>@JoPavlopoulou</u> <u>@PDASociety</u> <u>@Autism</u> <u>@Allison66746425</u> your point about Emperor's new clothes seem rather apt to me.

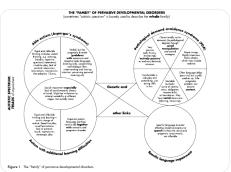
## @gdmorewood @JoPavlopoulou @PDASociety @Autism @Allison66746425

Supporting this. Newson created her own diagnostic grouping; shows a new, modern diagnostic grouping can easily be created to place PDA among existing disorders. Nothing/little keeping PDA in ASD, but dogma.

## Very important point!

https://www.autismeastmidlands.org.uk/wp-content/uploads/2016/10/Pathological-Demand-Avoidance-Syndrome.pdf





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